

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90174 001 \*\*\*150.00

DOCUMENT # P06000065815  
 1. Entity Name  
 GRANT'S REPAIR SERVICES, INC.



Principal Place of Business Mailing Address  
 479 E.MELROSE CIRCLE 479 E.MELROSE CIRCLE  
 FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04072007 Chg-P CR2E034 (12/06)

4. FEI Number 90-0277984 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent  
 GRANT, LONNIE  
 479 E.MELROSE CIRCLE  
 FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES  Delete  
 NAME GRANT, LONNIE  
 STREET ADDRESS 479 E. MELROSE CIRCLE  
 CITY-ST-ZIP FORT. LAUDERDALE, FL 33312

TITLE PST  Change  Addition

TITLE VP  Delete  
 NAME GRANT, GAIL  
 STREET ADDRESS 479 E. MELROSE CIRCLE  
 CITY-ST-ZIP FORT.LAUDERDALE, FL 33312

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lonnie J. Grant* Lonnie J. Grant X 4-23-07 954-548-5596  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #